## MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET

SERIAL NO.

10/SS-3885

APPLICANT(S)

FILING DATE

(FOR USE WITH FORM PTO-875)

**CLAIMS** 

		AS FILED		AFTER 1*AMENDMENT		TER INDMENT	CLAIMS	AS FILED		AFTER 1"AMENDMENT		AFTER  2 ** AMENDMENT	
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TOTAL CLAIMS	10						TOTAL CLAIMS						
PTO - 1360	(REV. 11/04)								S. DEPARTM				